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Total Depend						
Total Claims						

pg. 2 of 2

CLAIMS ONLY							Application Number <b>10/680509</b>		Filing Date		
							Applicant(s)				
<b>06-26-06</b>							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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(totals on pg. 1)